

Classification

Approved For Release 2006/09/25 : CIA-RDP75-00399R000100120168-9

DDSD/OL/SD-110

PREPARE IN DUPLICATE

XXXXXXXXXX

1. TITLE OF REPORT (If a fill-in report include Form No.)

DLSC Transaction Errors

2. TYPE OF REPORT	<input checked="" type="checkbox"/>	STATISTICAL
	<input type="checkbox"/>	NARRATIVE
	<input type="checkbox"/>	MACHINE-NAME LISTING

3. FUNCTIONAL AREA

<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING
<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY
<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

1

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not number of copies)

1

7. FORMAT (memorandum, form computer print-out, etc)

Computer Print-Out

8. ADP PROCESSING

<input checked="" type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.
<input type="checkbox"/>	NO	410

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level contributing information to report)

OCS, OL/SD/SMB/GMMS

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-12	6.82	8		54.56	12		654.72

B. COSTS OF COMPUTER PRODUCED REPORTS

				.15	12		1.80
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TOTAL COSTS PER YEAR

656.52

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report is required to correct certain errors which occur in the DLSC reference file.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)
<input type="checkbox"/>	CHANGE		
<input type="checkbox"/>	DISCONTINUE		

ESTIMATED SAVINGS

MAN-HOURS	DOLLARS
	STAT

16. DATE OF INVENTORY

5 Oct

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

FORM 9-70 142

Classification

(22-36-43)

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